



PATENT
450108-4484

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Katsuakira Moriwake et al.

Serial No. : 09/068,866

For : EDITING SYSTEM, EDITING METHOD, CLIP
MANAGEMENT APPARATUS, AND CLIP
MANAGEMENT METHOD

Filed : October 23, 1998

Examiner : Thomas J. Joseph

Art Unit : 2174

RECEIVED

MAY 13 2003

Technology Center 2100

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on May 7, 2003.

Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

Signature

May 7, 2003

Date of Signature

AMENDMENT UNDER 37 C.F.R. 1.116

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This is in response to the Final Office Action dated February 19, 2003.



AF/2-100
PATENT
450108-4484

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Katsuakira Moriwake et al.

Serial No. : 09/068,866

For : EDITING SYSTEM, EDITING METHOD, CLIP MANAGEMENT APPARATUS, AND CLIP MANAGEMENT METHOD

Filed : October 23, 1998

Examiner : Thomas J. Joseph

Art Unit : 2174

ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below.

This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	19	Minus	= 20	0 ×	\$18(9)	= \$.00
Independent claims	2	Minus	= 3	0 ×	\$84(42)	= \$.00
Total additional fee for this amendment						\$.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

This application contains a multiple dependent claim. The required fee of \$280 (\$140) has been previously paid __, or is paid herewith __.

This response is being filed within the __ first month, __ second month, __ third month, __ fourth month following the expiration of the term originally set therefor, and the fee of __ \$110 (\$55), __ \$400 (\$200), __ \$920 (\$460), __ \$1,440 (\$720) for the requisite one-month extension-of-time __ paid herewith.

A check in the amount of \$ 110.00 is attached.

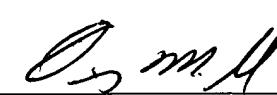
Charge \$__ to Deposit Account No. 50-0320.

Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

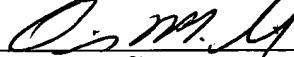
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on May 7, 2003

Dennis M. Smid, Reg. No. 34,930

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)


By: Dennis M. Smid
Reg. No. 34,930
Tel. (212) 588-0800

Name of Applicant, Assignee or Registered Representative



Signature

May 7, 2003

Date of Signature

00097598